

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name and Address</i> ):   TELEPHONE NO. ( <i>Optional</i> ):                      FAX NO. ( <i>Optional</i> ): E-MAIL ADDRESS ( <i>Optional</i> ): ATTORNEY FOR ( <i>Name</i> ):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CHILD'S NAME:	
<b>OPPOSITION TO APPLICATION FOR ORDER FOR PSYCHOTROPIC MEDICATION—JUVENILE</b>	CASE NUMBER:

1. I, \_\_\_\_\_, oppose the application because:

2. I am ☐ a party.  
☐ an attorney for  
☐ other (*specify*):

(This form must be returned immediately to the court  
within 2 court days of notice of the *Application for Order*.)